

NPM #17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Impact on National Outcome Measures: NPM #17 relates to National Outcome Measures #1 Infant mortality rate and #3 Neonatal mortality rate. The Perinatal Periods of Risk model identifies risk factors for neonatal mortality to include inadequate systems for referral of high-risk women in labor to appropriate facilities, inadequate systems for transfer of ill newborns to appropriate facilities, and newborn care below standards of care.

Research identifies the following outcomes:

- There is higher mortality of infants born at less than 2,000 grams in a hospital without an NICU (Cifuentes, et al., 2002)
- Maternal (vs. postnatal) transfer guarantee a significant better neonatal outcome concerning severe neonatal morbidity (Hohlagschwandtner, et al, 2001)

Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function to standardize these self designations. In addition, a Minnesota facility serves as the perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

a) Report of 2003 Major Activities

1. WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants

WAPC hosted a meeting on perinatal regionalization to determine opportunities to further improve perinatal outcomes in Wisconsin. Participants considered the following questions: What are the levels of care in Wisconsin and should they be different: Are there too many NICUs? How do we determine the need for new services or for expanding existing services?

b) Current 2004 Activities

1. WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants

The WAPC Tertiary Care Committee is considering suggestions identified at the Perinatal Regionalization Meeting to develop a position statement on regionalization that would redefine the levels of care, identify the outcomes by which all NICUs should be measured, and examine the adequacy of the perinatal workforce.

c) 2005 Plan/Application

1. WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants

Regionalization is expected to be an ongoing issue for Wisconsin as more hospitals self designate themselves as Perinatal Centers. Title V MCH/CSHCN Program staff will continue to work with WAPC on this issue.